

Ivy Creek Missions 2017

Ivy Creek Baptist Church

770.932.8453 • 678.482.6315 (fax)

STEPS FOR APPLYING

1. Pray for the Lord's clear direction for this trip.
2. Complete the Application.
3. Complete the Medical Consent Form.
4. Complete Involvement Policy.
5. Submit the application packet to Todd Beville, Missions Administrator

Contact Us:

Email: missions@icbcga.org
2500 Ivy Creek Road
Buford, Ga. 30519
770-932-8453

Application for Missions 2016

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PERSONAL INFORMATION

Ivy Creek Mission Trip Destination: _____

Participant Full Name as it appears on Passport or Government issued ID:

Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number Home: _____ Cell: _____

Email Address: _____

Birth date: _____ Do you have a US passport? Yes No Exp Date: _____

Passport Number: _____

In case of an emergency, please notify: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number --- Home: _____ Work: _____

Cell: _____

Are you presently under the care of a physician or taking any medications? Yes No If yes, please explain. _____

GIFTS, TALENTS, EXPERIENCE

Do you speak any foreign languages? Yes No If Yes, which? _____

Please indicate any skills, talents, spiritual gifts or Christian ministry experience that you feel may be helpful on this trip. _____

Please list previous missions experience:

	Country	Church/Mission Organization	Dates of Project	Ministry
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

SPIRITUAL LIFE

When did you put your faith in Jesus Christ as your personal Savior? _____

Have you been obedient to the Lord through believer's baptism? Yes No

Are you a member of Ivy Creek Baptist Church? Yes No

Describe your current ministry involvement: _____

MOTIVATION

Please explain briefly what you hope to see the Lord do in and through you on this mission trip and explain why you want to participate. _____

TESTIMONY

Please attach a separate sheet with your personal testimony.

Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____

Deposit Check Attached: Yes No

Involvement Policy

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BASIC REQUIREMENTS

- There will be training sessions to prepare you for your responsibilities prior to leaving the States. You will be held accountable in order to show that you are committed and faithful to this mission trip.
- Deadlines and Deposits must be completed and submitted on time.
- Other Requirements: Fundraising participation and training meeting attendance, complete some sort of mission project, and mailing out support/prayer letters as given direction.

FINANCIAL MATTERS

- Once you have completed the application process, there will be a mission trip team meeting where you will be given a packet of information that will enable you to develop a “Mission Support Team.” This team will consist of numerous people who will support your effort through prayer and financial giving.
- You will be asked to develop a prayer base of at least 10 people committed to be prayer partners for your trip. You will be asked to garner at least 30 financial supporters, other than yourself. The purpose of this is varied. First of all, it teaches you humility and dependence upon God and the body of Christ to accomplish His purposes. Secondly, it allows more people to participate in the Kingdom of work of missions. Thirdly, it will teach you about the people, their circumstances, their faith, and the power of prayer!
- This contract will also require that you cover the remaining balance from your own money in the event support letters, fundraising, and other scholarships do not cover your costs. Any money you have turned in up to that point will be applied towards the trip.
- All money raised will go towards team financial goals after individual financial goals have been met.
- Ivy Creek will not house mission participant extra funding, excess will be used for the group trip cost or for future Ivy Creek Missions Opportunities.

_____ **Initial to indicate you have read the Short Term Missions Involvement Policy.**

Medical Information and Consent
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Participant Name: _____ Birth: _____

Date: _____

In case of an emergency, please notify: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number -- Home: _____ Work: _____

Cell: _____

Health Insurance Company: _____

Insurance Beneficiary: _____

Group Number: _____

Policy Number: _____

Please make a copy of medical card and attach to application.

Physician(s) name(s) and phone number(s) to contact in case of emergency:

1. Are you currently under the care of a physician or taking any medications? Please give diagnosis and list medications: _____

2. Please list any allergies, especially to any medications, but include any food allergies. Briefly describe reaction: _____

3. Have you been hospitalized in the last 5 years? Please give dates, diagnosis, and outcome of each illness or injury: _____

4. Is there any other information you feel we need to know about your health? _____

5. Date of last Tetanus shot: _____

6. List other immunizations regarding international travel & dates received: _____

I hereby authorize and give full consent to the Trip Leader to act on my behalf in the case of illness or accident incurred to me and to enable prompt appropriate medical care. I further certify that I have appropriate medical insurance and agree to pay all medical expenses in excess of the amount provided by any applicable insurance policy.

Signature: _____ Date: _____